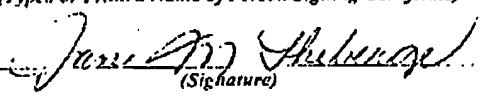
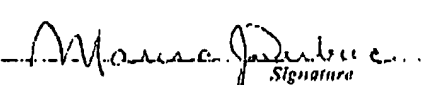


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 50640
Applicant(s): Charles R. Szmanda et al.			
Serial No. 09/723,746	Filing Date 11/28/2000	Examiner Hassan Mahmoudi	Group Art Unit 2175
Invention: A METHOD AND SYSTEM FOR RECYCLING MATERIALS			RECEIVED CENTRAL FAX CENTER MAR 01 2004
OFFICIAL			
I hereby certify that this <u>Amendment Transmittal, Amendment</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)			
on <u>March 1, 2004</u> (Date)			
<u>Jane M. Theberge</u> (Typed or Printed Name of Person Signing Certificate)			
<u></u> (Signature)			
Note: Each paper must have its own certificate of mailing.			

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. 50640		
Applicant(s): Charles R. Szmanda et al.					
Serial No. 09/723,746	Filing Date 11/28/2000	Examiner Hassan Mahmoudi	Group Art Unit 2175		
Invention: A METHOD AND SYSTEM FOR RECYCLING MATERIALS					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14	20	0	x \$18.00	\$0.00
INDEP. CLAIMS	2	3	0	x \$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="margin-top: 20px;"><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16, <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div>					
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"> Marisa J. Dubue Registration No. 46,673 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 (860) 286-2929 (860) 286-0115 FAX Customer Service No. 23413</div><div style="width: 45%; text-align: right;">Dated: March 1, 2004</div></div>					
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="margin-top: 20px; text-align: center;"><div style="border-top: 1px solid black; width: 100%;"></div><div style="border-top: 1px solid black; width: 100%;"></div></div>					
CC:					